

**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

Date Received

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2010  
FEB 22  
By \_\_\_\_\_  
DAYTIME TELEPHONE NUMBER \_\_\_\_\_

2010 FEB 23 PM 1:45

A Public Document

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	By _____ DAYTIME TELEPHONE NUMBER _____		
Yamada	Mariko	M			
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE	OPTIONAL E-MAIL ADDRESS
_____					

**1. Office, Agency, or Court**

Name of Office, Agency, or Court

CA State Assembly

Division, Board, District, if applicable:

8th Assembly District

Your Position:

Assemblymember

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial

Date: \_\_\_\_\_

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is \_\_\_\_\_ through December 31, 2009.

☐ Leaving Office Date Left: \_\_\_\_\_ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_\_ through the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: 8

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes - schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached  
Investments (10% or Greater Ownership)

Schedule B ☒ Yes - schedule attached  
Real Property

Schedule C ☒ Yes - schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached  
Income - Gifts

Schedule E ☐ Yes - schedule attached  
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed February 22, 2010  
(month/day/year)

Signature \_\_\_\_\_

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Mariko M. Yamada

NAME OF BUSINESS ENTITY  
**Five Rivers Partnership**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☒ \$10,001 - \$1,000,000  
☐ \$10,001 - \$100,000  
☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☒ Other Rental Property  
(Describe)  
☐ Partnership ☐ Income of \$0 - \$500  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
     /      / 09           /      / 09  
 ACQUIRED                      DISPOSED

NAME OF BUSINESS ENTITY  
**CTS Corp**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☐ \$100,001 - \$1,000,000  
☒ \$10,001 - \$100,000  
☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock  
☐ Other       
(Describe)  
☐ Partnership ☐ Income of \$0 - \$500  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
     /      / 09           /      / 09  
 ACQUIRED                      DISPOSED

NAME OF BUSINESS ENTITY  
**Five Rivers Partnership**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☒ \$10,001 - \$1,000,000  
☐ \$10,001 - \$100,000  
☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock  
☐ Other       
(Describe)  
☐ Partnership ☐ Income of \$0 - \$500  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
     /      / 09           /      / 09  
 ACQUIRED                      DISPOSED

NAME OF BUSINESS ENTITY  
**Honeywell**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☐ \$100,001 - \$1,000,000  
☒ \$10,001 - \$100,000  
☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock  
☐ Other       
(Describe)  
☐ Partnership ☐ Income of \$0 - \$500  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
     /      / 09           /      / 09  
 ACQUIRED                      DISPOSED

NAME OF BUSINESS ENTITY  
**Bank of America**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☐ \$100,001 - \$1,000,000  
☒ \$10,001 - \$100,000  
☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock  
☐ Other       
(Describe)  
☐ Partnership ☐ Income of \$0 - \$500  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
     /      / 09           /      / 09  
 ACQUIRED                      DISPOSED

NAME OF BUSINESS ENTITY  
**IBM**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☐ \$100,001 - \$1,000,000  
☒ \$10,001 - \$100,000  
☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock  
☐ Other       
(Describe)  
☐ Partnership ☐ Income of \$0 - \$500  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
     /      / 09           /      / 09  
 ACQUIRED                      DISPOSED

Comments:

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Mariko M. Yamada

NAME OF BUSINESS ENTITY  
Newell Rubbermaid

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000    ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000    ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock    ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership    ☐ Income of \$0 - \$500  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED    DISPOSED

NAME OF BUSINESS ENTITY  
Sara Lee Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000    ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000    ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock    ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership    ☐ Income of \$0 - \$500  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED    DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000    ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000    ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock    ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership    ☐ Income of \$0 - \$500  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED    DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000    ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000    ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock    ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership    ☐ Income of \$0 - \$500  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED    DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000    ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000    ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock    ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership    ☐ Income of \$0 - \$500  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED    DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000    ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000    ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock    ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership    ☐ Income of \$0 - \$500  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED    DISPOSED

Comments: \_\_\_\_\_

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name

Mariko M. Yamada

► STREET ADDRESS OR PRECISE LOCATION  
309-080-35-00

CITY  
San Diego

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

ACQUIRED 09 DISPOSED 09

NATURE OF INTEREST  
☒ Ownership/Deed of Trust  
☐ Easement  
☐ Leasehold \_\_\_\_\_ yrs remaining  
☐ Other \_\_\_\_\_

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
☐ \$0 - \$499  
☐ \$500 - \$1,000  
☒ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
Edith and Edward Polak

► STREET ADDRESS OR PRECISE LOCATION  
311-163-15-00

CITY  
San Diego

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

ACQUIRED 09 DISPOSED 09

NATURE OF INTEREST  
☒ Ownership/Deed of Trust  
☐ Easement  
☐ Leasehold \_\_\_\_\_ yrs remaining  
☐ Other \_\_\_\_\_

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
☐ \$0 - \$499  
☐ \$500 - \$1,000  
☒ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
Pablo and Norma Valle

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*  
Wells Fargo Home Mortgage

ADDRESS (Business Address Acceptable)  
P.O. Box 14411, Des Moines, IA

BUSINESS ACTIVITY, IF ANY, OF LENDER  
\_\_\_\_\_

INTEREST RATE 7.625 % ☐ None TERM (Months/Years) 30 years

HIGHEST BALANCE DURING REPORTING PERIOD  
☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000  
☐ OVER \$100,000  
☐ Guarantor, if applicable

NAME OF LENDER\*  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER  
\_\_\_\_\_

INTEREST RATE \_\_\_\_\_ % ☐ None TERM (Months/Years) \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000  
☐ Guarantor, if applicable

Comments: \_\_\_\_\_

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Mariko M. Yamada
---

## SCHEDULE B

### Interests in Real Property

(Including Rental Income)

► STREET ADDRESS OR PRECISE LOCATION  
445-171-23-00

CITY  
San Diego

FAIR MARKET VALUE IF APPLICABLE, LIST DATE

<input type="checkbox"/> \$2,000 - \$10,000	____/____/09	____/____/09
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST

<input type="checkbox"/> Ownership/Deed of Trust	<input type="checkbox"/> Easement
<input type="checkbox"/> Leasehold _____	<input type="checkbox"/> Other _____
Yrs. remaining	Yrs. remaining

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$500 - \$1,000	<input checked="" type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000	

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

\_\_\_\_\_

\_\_\_\_\_

► STREET ADDRESS OR PRECISE LOCATION  
746 9th Avenue

CITY  
San Francisco

FAIR MARKET VALUE IF APPLICABLE, LIST DATE

<input type="checkbox"/> \$2,000 - \$10,000	____/____/09	____/____/09
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input checked="" type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST

<input type="checkbox"/> Ownership/Deed of Trust	<input type="checkbox"/> Easement
<input type="checkbox"/> Leasehold _____	<input type="checkbox"/> Other _____
Yrs. remaining	Yrs. remaining

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$500 - \$1,000	<input checked="" type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000	

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

Daniel Rose      Ulysses William

\_\_\_\_\_

\_\_\_\_\_

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE \_\_\_\_\_%      TERM (Months/Years) \_\_\_\_\_

☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE \_\_\_\_\_%      TERM (Months/Years) \_\_\_\_\_

☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000

☐ Guarantor, if applicable

<b>CALIFORNIA FORM 700</b> <b>FAIR POLITICAL PRACTICES COMMISSION</b>	
Name _____ <div style="text-align: center;">Mariko M. Yamada</div>	

▶ **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

NAME OF LENDER	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		
_____		
BUSINESS ACTIVITY IF ANY OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
_____	<input type="checkbox"/> Real Property _____	
		Street address
HIGHEST BALANCE DURING REPORTING PERIOD		
<input type="checkbox"/> \$0.00 - \$1,000		
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	
		(Describe)

FPPC Form 700 (2009/2010) Sch. C  
FPPC Toll-Free Helpline: 866/ASK-FPPC [www.fppc.ca.gov](http://www.fppc.ca.gov)

**SCHEDULE D**  
**Income – Gifts**

Name

Mariko M. Yamada

► NAME OF SOURCE

DeSaulnier for Senate

ADDRESS (Business Address Acceptable)

P.O. Box 6066 Concord, CA 94524

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 5 / 09</u>	\$ <u>16</u>	<u>Bottle of wine</u>
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>

► NAME OF SOURCE

Speaker Karen Bass

ADDRESS (Business Address Acceptable)

777 S. Figueroa Street, Ste 4050 Los Angeles 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 8 / 09</u>	\$ <u>11.95</u>	<u>Food</u>
<u>1 / 26 / 09</u>	\$ <u>59.55</u>	<u>Food</u>
<u>9 / 15 / 09</u>	\$ <u>45.03</u>	<u>Food</u>

► NAME OF SOURCE

Amgen

ADDRESS (Business Address Acceptable)

601 13th Street NW, 12th Floor Wash D.C. 20005

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 12 / 09</u>	\$ <u>300</u>	<u>Ticket to Dinner Gala</u>
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>

► NAME OF SOURCE

Home Depot

ADDRESS (Business Address Acceptable)

101 Constitution Ave. Ste 800 West Wash DC 20001

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Woman's Caucus Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 6 / 09</u>	\$ <u>37.09</u>	<u>Food</u>
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>

► NAME OF SOURCE

Thomas Enterprises

ADDRESS (Business Address Acceptable)

431 I Street, Suite 202 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 30 / 09</u>	\$ <u>155</u>	<u>Ticket to Dinner</u>
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>

► NAME OF SOURCE

John Rueda

ADDRESS (Business Address Acceptable)

1903 21st Street Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 27 / 09</u>	\$ <u>110</u>	<u>Ticket to Dinner Gala</u>
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>

Comments: \_\_\_\_\_

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Mariko M. Yamada
---

## SCHEDULE D

### Income - Gifts

▶ NAME OF SOURCE  
 CA Professional Firefighters

ADDRESS (Business Address Acceptable)  
 1780 Creekside Oaks Dr, Ste 200 Sacramento 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 19 / 09	\$ 23.98	lunch
/  /	\$	
/  /	\$	

▶ NAME OF SOURCE  
 Kais Menoufy

ADDRESS (Business Address Acceptable)  
 2495 Natomas Park, Ste 200 Sacramento 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 12 / 09	\$ 50	Food
/  /	\$	
/  /	\$	

▶ NAME OF SOURCE  
 Lester Farms

ADDRESS (Business Address Acceptable)  
 4317 Margaret Lane Winters, CA 95694

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 20 / 09	\$ 30	Fruit Gift
/  /	\$	
/  /	\$	

▶ NAME OF SOURCE  
 NASW

ADDRESS (Business Address Acceptable)  
 1016 23rd Street Sacramento, CA 95816

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Reception in honor of Laura Chick

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 26 / 09	\$ 29.99	Reception
/  /	\$	
/  /	\$	

▶ NAME OF SOURCE  
 Cal Chamber

ADDRESS (Business Address Acceptable)  
 1215 K Street, Ste 1400 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 29 / 09	\$ 196.89	Dinner & train ride
/  /	\$	
/  /	\$	

▶ NAME OF SOURCE  
 C.C. Yin

ADDRESS (Business Address Acceptable)  
 186 Butcher Road Vacaville, CA 95687

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 28 / 09	\$ 57.30	Dinner
/  /	\$	
/  /	\$	

Comments: \_\_\_\_\_



RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION

10 MAR 16 PM 2:18

## SCHEDULE C

### Income Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

### AMENDMENT

#### 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Five Rivers Partnership

ADDRESS

PO Box 528, Sacramento CA 95812

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Real Estate Investment

YOUR BUSINESS POSITION

Spouse is a partner

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☒ Spouse's or registered domestic partner's income  
☐ Loan repayment

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

#### 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☐ Spouse's or registered domestic partner's income  
☐ Loan repayment

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

#### 2. LOAN RECEIVED

You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_% ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

#### Verification

Print Name Mariko M. Yamada

Office, Agency or Court State Assembly Dist. 8

Statement Type ☐ 2008/2009 Annual ☒ 09 Annual ☐ Assuming ☐ Leaving ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

March 15, 2010  
(month, day, year)

Signature

10 MAR 16 PM 2:48

**SCHEDULE D**  
**Income - Gifts**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

**AMENDMENT**

► NAME OF SOURCE

Lester Farms

ADDRESS

4317 Margaret Lane, Winters CA 95694

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Farming

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 20 / 09	\$ 30.00	Fruit gift
	\$	
	\$	

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

C.C. Yin

ADDRESS

186 Butcher Rd. Vacaville CA 95687

BUSINESS ACTIVITY, IF ANY, OF SOURCE

McDonalds Food Franchisee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 28 / 09	\$ 57.30	Dinner
	\$	
	\$	

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

**Verification**

Print Name Mariko M. Yamada


Office, Agency or Court State Assembly Dist. 8

Statement Type ☐ 2008/2009 Annual ☐ Assuming ☐ Leaving  
☒ 09 Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed February 15, 2010  
(month, day, year)

Signature 

Comments: \_\_\_\_\_

10 MAR 16 PM 2:48

**SCHEDULE D**  
**Income - Gifts**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

**AMENDMENT**

► NAME OF SOURCE

John Rueda

ADDRESS

1903 21st St. Sacramento CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 27 / 09	\$ 111.00	Ticket to dinner gala
/  /	\$	
/  /	\$	

► NAME OF SOURCE

NASW

ADDRESS

1016 23rd St. Sacramento CA 95816

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 26 / 09	\$ 29.99	Food
/  /	\$	
/  /	\$	

► NAME OF SOURCE

Cal Chamber

ADDRESS

1215 K St. Ste 1400, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 29 / 09	\$ 155.00	Dinner & Train ride
/  /	\$	
/  /	\$	

► NAME OF SOURCE

CA Professional Firefighters

ADDRESS

1780 Creekside Oaks Dr. Sacramento CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 19 / 09	\$ 23.98	Lunch
/  /	\$	
/  /	\$	

► NAME OF SOURCE

Kais Menoufy

ADDRESS

2495 Natomas Park, Ste 200 Sacramento CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 12 / 09	\$ 50.00	Food
/  /	\$	
/  /	\$	

**Verification**

Print Name Mariko M. Yamada

Office, Agency or Court State Assembly Dist. 8

Statement Type ☐ 2008/2009 Annual ☐ Assuming ☐ Leaving  
☒ 09 Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 15, 2010

Signature [Signature]

Comments: \_\_\_\_\_

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION

10 MAR 16 PM 2:48

**SCHEDULE D**  
**Income - Gifts**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

**AMENDMENT**

► NAME OF SOURCE  
DeSaulnier for Senate  
ADDRESS  
PO Box 6066, Concord CA 94524  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Campaign Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 5 / 09</u>	<u>\$ 16.00</u>	<u>Wine</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
Home Depot  
ADDRESS  
101 Constitution Av. Ste 800 W, Wash DC 20001  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Hardware Store Corp.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 6 / 09</u>	<u>\$ 37.09</u>	<u>Food</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
Speaker Karen Bass  
ADDRESS  
777 S. Figueroa, Ste 4050, Los Angeles CA 90017  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
State Legislator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 8 / 09</u>	<u>\$ 11.95</u>	<u>Food</u>
<u>1 / 26 / 09</u>	<u>\$ 59.55</u>	<u>Food</u>
<u>9 / 15 / 09</u>	<u>\$ 45.03</u>	<u>Food</u>

► NAME OF SOURCE  
Thomas Enterprises  
ADDRESS  
431 I St. Ste 202, Sacramento CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 30 / 09</u>	<u>\$ 155.00</u>	<u>Ticket to Dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
Amgen  
ADDRESS  
601 13th St. NW 12th Fl. Wash. DC 20005  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Develops biological and molecular therapeutics

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 12 / 09</u>	<u>\$ 300.00</u>	<u>Ticket to dinner gala</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

**Verification**

Print Name Mariko M. Yamada


Office, Agency or Court State Assembly Dist. 8

Statement Type ☐ 2008/2009 Annual ☐ Assuming ☐ Leaving  
☒ 09 Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed December 15, 2010

Signature 

Comments: \_\_\_\_\_

FAIR POLITICAL PRACTICES COMMISSION  
10 APR - 6 PM 1:55

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Five Rivers Partnership</u>	NAME OF SOURCE OF INCOME
ADDRESS <u>PO Box 528, Sacramento CA 95812</u>	ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Real Estate Investment</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION <u>Spouse is a partner</u>	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Sale of _____ (Property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, (list each source of \$10,000 or more) _____ <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Sale of _____ (Property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, (list each source of \$10,000 or more) _____ <input type="checkbox"/> Other _____ (Describe)

**2. LOAN RECEIVED**

You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER	INTEREST RATE	TERM (Months/Years)
ADDRESS	_____ % <input type="checkbox"/> None	_____
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ Street address _____ City _____ <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)	

**Verification**

Print Name Mariko M. Yamada Office, Agency or Court State Assembly Dist. 8

Statement Type    ☐ 2008/2009 Annual    ☒ 09 Annual    ☐ Assuming    ☐ Leaving    ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed April 02, 2010 Signature \_\_\_\_\_  
(month, day, year)

FAIR POLITICAL PRACTICES COMMISSION  
10 APR -6 PM 1:37

# **SCHEDULE D** **Income - Gifts**

EB

**CALIFORNIA FORM**  
FAIR POLITICAL PRACTICES COMMISSION

**700**  
**AMENDMENT**

► NAME OF SOURCE  
DeSaulnier for Senate

ADDRESS  
PO Box 6066, Concord CA 94524

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Campaign Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 5 / 09</u>	<u>\$ 16.00</u>	<u>Wine</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
Home Depot

ADDRESS  
101 Constitution Av. Ste 800 W, Wash DC 20001

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Hardware Store Corp.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 6 / 09</u>	<u>\$ 37.09</u>	<u>Food</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
Speaker Karen Bass

ADDRESS  
777 S. Figueroa, Ste 4050, Los Angeles CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
State Legislator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 8 / 09</u>	<u>\$ 11.95</u>	<u>Food</u>
<u>1 / 26 / 09</u>	<u>\$ 59.55</u>	<u>Food</u>
<u>9 / 15 / 09</u>	<u>\$ 45.03</u>	<u>Food</u>

► NAME OF SOURCE  
Thomas Enterprises

ADDRESS  
431 I St. Ste 202, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 30 / 09</u>	<u>\$ 155.00</u>	<u>Ticket to Dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
Amgen

ADDRESS  
601 13th St. NW 12th Fl. Wash. DC 20005

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Develops biological and molecular therapuetics

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 12 / 09</u>	<u>\$ 300.00</u>	<u>Ticket to dinner gala</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

**Verification**

Print Name Maniko M. Yamada


Office, Agency or Court State Assembly Dist. 8

Statement Type ☐ 2008/2009 Annual ☐ Assuming ☐ Leaving  
☒ 09 Annual ☐ Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed April 2, 2010

Signature 

Comments: \_\_\_\_\_

FAIR POLITICAL PRACTICES COMMISSION  
10 APR -6 PM 1:37

FPPC

**SCHEDULE D**  
**Income - Gifts**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

► NAME OF SOURCE

John Rueda

ADDRESS

1903 21st St. Sacramento CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Attorney

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

2 / 27 / 09 \$ 111.00 Ticket to dinner gala

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_

► NAME OF SOURCE

NASW

ADDRESS

1016 23rd St. Sacramento CA 95816

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trade Association

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

8 / 26 / 09 \$ 29.99 Food

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_

► NAME OF SOURCE

CA Professional Firefighters

ADDRESS

1780 Creekside Oaks Dr. Sacramento CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trade Association

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

3 / 19 / 09 \$ 23.98 Lunch

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_

► NAME OF SOURCE

Kais Menoufy

ADDRESS

2495 Natomas Park, Ste 200 Sacramento CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Developer

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

10 / 12 / 09 \$ 50.00 Food

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_

► NAME OF SOURCE

Cal Chamber

ADDRESS

1215 K St. Ste 1400, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trade Association

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

10 / 29 / 09 \$ 155.00 Dinner & Train ride

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_

**Verification**

Print Name Mariko M. Yamada

Office, Agency or Court State Assembly Dist. 8

Statement Type ☐ 2008/2009 Annual ☐ Assuming ☐ Leaving  
☒ 09 Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed April 02, 2010  
(month, day, year)

Signature 

Comments: \_\_\_\_\_

▶ NAME OF SOURCE  
Lester Farms

ADDRESS  
4317 Margaret Lane, Winters CA 95694

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Farming

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 20 / 09</u>	<u>\$ 30.00</u>	<u>Fruit gift</u>
<u>    /    /    </u>	<u>\$</u>	<u></u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

NAME OF SOURCE  
C.C. Yin

ADDRESS  
186 Butcher Rd. Vacaville CA 95687

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
McDonalds Food Franchisee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 28 / 09	\$ 57.30	Dinner
/  /	\$	
/  /	\$	

▶ NAME OF SOURCE \_\_\_\_\_

ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

NAME OF SOURCE		
ADDRESS		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$____	_____
____/____/____	\$____	_____
____/____/____	\$____	_____

▶ NAME OF SOURCE \_\_\_\_\_

ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

# Verification

Print Name Mariko M. Yamada


Office, Agency or Court State Assembly Dist. 8

Statement Type ☐ 2008/2009 Annual ☐ Assuming ☐ Leaving  
☒ 09 Annual ☐ Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Data Signed April 02, 2010  
(month, day, year)

Signature 

Comments: \_\_\_\_\_